|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERMISSION FORM FOR STUDENT FIELD TRIP** | | | | | | | |
|  | | | | | | | |
| Dear Parents: | | | | | | | |
| The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge. | | | | | | | |
|  | | | | | | | |
| Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information. | | | | | | | |
|  | | | | | | | |
| School: | Murray Hill Middle School | | | |  |  | |
| Destination: | Notre Dame University | | | |  | This trip will be: | |
| Objective of the trip: | Interactive Hispanic Dancing and Culture Show | | | |  | Student Day | Extended Day |
| Class/Group: | 8th Grade Spanish Classes | | | |  |
| Departure date: | April 11, 2016 | Time: | | 8:30am. |  | Overnight | Non School Day |
| Return Date: | April 11, 2016 | Time: | | 2:00pm. |  |
| Bus Company: | Bowen’s Bus Service Inc. | | | |  | If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return. | |
| Public Transport: | N/A | | | |  |
| **Cost per student:** | $31.00 (money due with permission slip) | | | |  |
| Checks payable to: | Murray Hill Middle School (on the memo line please write your child’s name | | | |  |
| **Due Date:** | **Friday, March 18, 2016** *(money and permission slip)* | | | |  |
| Meal Arrangements: | Bring a bagged lunch (water will be provided) | | | |  | Alternate plans in case of postponement or cancellation: The trip will not be postponed, it will be cancelled. | |
| Appropriate Attire: | School attire | | | |  |
| Total # of Students: | 65 | | | |  |
| Anticipated Ratio of Chaperones to Students: | | | 1 : 10 | |  |
|  | | | | | | | |
| Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip. | | | | | | | |
|  | | | | | | | |
| Teacher-In-Charge: Ms. Kathleen Streicker | | | | |  | Contact number: (410) 880-5897  Email: [Kathleen\_streicker@hcpss.org](mailto:Kathleen_streicker@hcpss.org) | |
|  | | | | | | | |
| THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS. | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| I GRANT PERMISSION FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO GO TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (PRINT Student Name) (Destination) | | | | | | | |
| ON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD  (Date)  RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL**. PARENT SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| * I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBLITIES OF THE POSITION. | | | | | | | |
| CHAPERONE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| CHAPERONE PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | CHAPERONE EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

